

**NUBC Meeting Summary  
May 8 & 9, 2002  
Chicago, Illinois**

**June 19, 2002 Conference Call  
&  
July 17, 2002 Conference Call**

**Coding Requests:**

- National Medicaid EDI HIPAA (NMEH) work group proposed a series of condition codes to identify when abortion / sterilization services were provided.

**Discussion:**

The one point of discussion before these codes were approved was the use of medically necessary in the definition. The NUBC decided that the medical necessity of a procedure was best documented in state specific guidelines. There was also discussion about using another condition code to define a medically necessary condition. Another point of discussion was how to document changes to the UB specifications through some sort of version control and the need to have new codes published at least 90 days before implementation.

**Action:**

The following codes were approved without the additional wording for medically necessary. October 1, 2002 is the effective date for all of these codes. There was no action taken to approve a separate condition code for Medically Necessary.

AA	Abortion Performed due to Rape
AB	Abortion Performed due to Incest
AC	Abortion Performed due to Serious Fetal Genetic Defect, Deformity, or Abnormality.
AD	Abortion Performed due to a Life Endangering Physical Condition Caused by, Arising from or Exacerbated by the Pregnancy Itself
AE	Abortion Performed due to the Physical Health of the Mother that is not Life Endangering
AF	Abortion Performed due to Emotional / Psychological Health of the Mother
AG	Abortion Performed due to Social or Economic Reasons
AH	Elective Abortion
AI	Sterilization

**Public Health Note:** Once again the importance of clear and unambiguous definitions is apparent. The hard work of the NMEH to create national codes from a wide range of local codes definitely paid off. It is important to note that the NUBC has approved a series of condition, value, occurrence, and occurrence span codes to be used for reporting purposes. As the public health community starts to utilize these codes, it is important that much time and attention is spent with the process to create clear and concise definitions. The NMEH experience is a good model.

- A wording change was suggested for two condition codes used on replacement claims (i.e. when the bill type frequency is 7).

Action:

The definitional changes were approved. The changed text is underlined below. October 1, 2002 is the effective date for these definitional changes.

- D2 Changes in Revenue Codes / HCPCS / HIPPS Rate Codes (note: the last part of this definition was added)
- D4 Change in ICD-9-CM Diagnosis and/or Procedure Codes

- A new Value Code was proposed.

Discussion:

This request was deferred from a previous meeting in order to work out appropriate wording.

Action:

The new Value Code was approved. October 1, 2002 is the effective date.

- 32 Multiple Patient Ambulance Transport

**Public Health Note:** For fear of being redundant, please read the public health note above to emphasize the importance placed on unambiguous definitions by the NUBC.

- The Health Insurance Association of America requested additional revenue codes to bill for hospice care, alternative care, adult day care, and adult foster care.

Discussion:

This request was deferred from a previous meeting in order to work out appropriate wording. Again much of the discussion centered on the appropriate wording for the definition of new revenue codes.

Action:

Below is the new definition for the 066X Revenue Code. April 1, 2003 is the effective date.

066X Respite Care

Charges for non-hospice respite care

Sub Category

0-General Classification

1-Hourly Charge / Nursing

2-Hourly Charge / Aide / Homemaker / Companion

3-Daily Respite Charge

9-Other Respite Care

Below is the new definition for the 310X Revenue Code. April 1, 2003 is the effective date.

310X Adult Care

Charges for personal, medical, psycho-social, and/or therapeutic services in a special community setting for adults needing supervision and/or assistance with Activities of Daily Living (ADLs).

Sub Category

0-Not Used

1-Adult Day Care, Medical and Social - Hourly

2-Adult Day Care, Social - Hourly

3-Adult Day Care, Medical and Social – Daily

4-Adult Day Care, Social – Daily

5-Adult Foster Care - Daily

9-Other Adult Care

**Public Health Note:** Please note all systems that use revenue codes should be able to accommodate 4 character revenue codes. This is not a change to the UB revenue codes, but the NUBC is just beginning to assign 4 character codes. Existing revenue codes are 4 character codes with an implied leading zero.

- Once again there were issues with definitions of the Patient Status codes.

Discussion:

There was a letter sent to the NUBC from the Colorado Health and Hospital Association asking for further clarification on the recently approved Patient Status codes 71 & 72.

Action:

Below is the clarifications made to Patient Status Codes 03, 04, & 63.  
The new changes are underlined.

03 Discharged / Transferred to Skilled Nursing Facility (SNF) with Medicare Certification

Usage Note:

Medicare – indicates that the patient is discharged / transferred to a Medicare certified nursing facility. For hospitals with approved swing bed arrangement, use Code 61 – Swing Bed. For reporting other discharges / transfers to nursing facilities see 04 and 64 (64 is effective 10/01/02).

04 Discharged / Transferred to an Intermediate Care Facility (ICF)

Usage Note:

Typically defined at the state level for specifically designated intermediate care facilities. Also used to designate patients that are discharged / transferred to a nursing facility with neither Medicare nor Medicaid certification and for discharges / transfers to state designated Assisted Living Facilities.

64 Discharged / Transferred to a nursing facility certified under Medicaid but not certified under Medicare. (Effective 10/1/02)

Clarifications made to other Patient Status Codes were referred to the August NUBC meeting to allow the requestors more time to develop the definitions.

**Public Health Note:** The NUBC is looking for volunteers to help develop the necessary clarifications for the Patient Status Codes. This may be an appropriate time to re-energize the consortium work group to develop a more standard set of patient status codes using either a hierarchical list or multiple lists. Anyone interested should contact Donna Pickett, Marjorie Greenberg, or Bob Davis.

- A request was made by the American Red Cross to further clarify the definition of the 039X Revenue Code.

Discussion:

This request was deferred from a previous meeting in order to work out appropriate wording.

Action:

Below is the new definition for the 039X Revenue Code. May 9, 2002 is the effective date. The new changes are underlined.

039X Blood and Component Administration, Processing, and Storage

Charges for administration, processing and storage of whole blood, red blood cells, platelets and other blood components (such as plasma and plasma derivatives)

Sub Category

0-General Classification

1-Administration (e.g. Transfusions)

9-Other Processing and Storage

- The NUBC received a request from CMS for a Condition Code to bypass Common Working File (CWF) edits for incarcerated beneficiaries.

Discussion:

There was a strong feeling amongst NUBC members that this request would be very difficult operationally to implement. The clarifications proposed by CMS on the June conference call will allow CMS to bypass edits that statutorily exclude payment by Medicare and Medicaid for services rendered to incarcerated beneficiaries. The clarification made it clear that providers would not have to code this condition code, which was the main objection at the May meeting.

Action:

This request was tabled for further clarification by CMS. On the June conference call the additional clarification was provided by CMS and Condition Code 63 was approved for Payer Use Only. The effective date for use of this code is October 1, 2002.

- The NUBC received a request from the Tufts Health Plan for a new revenue code for Restorative Care.

Discussion:

There was concern that this request needed more national consensus before it could be approved by the NUBC. This issue was again discussed on the July conference call. The requestor is still working on an appropriate definition to be considered on the August agenda. Still in question is the appropriate type of code to satisfy the business need of the Tufts Health Plan.

Action:

This request was tabled for further discussion. The Tufts Health Plan was asked to work with the Massachusetts State Uniform Billing Committee to establish the necessary consensus for this request to be considered by the NUBC for inclusion in a national code source.

- The NUBC received a letter asking for clarification of what would normally be included in room and board charges. It was assumed that room and board charges would include the nursing charges, but there is no written documentation of this.

Action:

An NUBC work group is drafting the language to clarify the charges included in a normal room and board rate. This draft language will be discussed at the August NUBC meeting.

**Public Health Note:** For fear of being redundant again, please read the first public health note above to emphasize the importance placed on unambiguous definitions by the NUBC. Also, new codes must meet more than a local need and have national relevance or utility.

- The NUBC received a request from North Carolina to add Condition Codes for Ambulance conditions.

Discussion:

There was a strong feeling amongst NUBC members that this request potentially overlaps with the ambulance attachment transaction being proposed as part of HIPAA. There were unanswered questions about the intent of these proposed new Condition Codes. Were the codes intended to eliminate attachments or were they going to supplement any current or future attachments? There was also concern that this request needed more national consensus before it could be approved by the NUBC.

Action:

This request was tabled for further discussion when the North Carolina providers and Ambulance Association could jointly present their case at a future NUBC meeting.

**Public Health Note:** Just a reminder, the NUBC has approved ranges of Condition, Value, Occurrence, and Occurrence Span codes for use by Public Health. The discussion on the ambulance codes proposed by North Carolina sends a strong message about the importance of creating a national consensus for public health data needs when related to future code requests to the NUBC.

- The NUBC received a request from CMS to add an Occurrence Code to indicate an “item or service is expected to be denied, however, a signed Advance Beneficiary Notice (ABN) was not obtained from the beneficiary.”

Discussion:

There was a strong feeling amongst NUBC members that this request would be very difficult operationally to implement. Several NUBC members also felt that this request would conflict with local Medicaid review policies.

Action:

This request was tabled for further discussion after CMS has had a chance to review its ABN policies. This issue was raised again on the June conference call and after some more discussion the request was withdrawn by CMS.

- Listed below are the DSMO requests acted on by the NUBC during the May meeting and on the June Conference Call

DSMO Request Number	Description and Action
#551	This request suggests a change to the definition of Situational in the HIPAA Implementation Guides. The NUBC rejected this request and asked X12 to include the NUBC in proposals to remedy ambiguities related to the use of the words Should and Must.
#553	This request suggests changes in the wording in the Institutional implementation guide for the reporting of the Group Insurance Name and the Group Insurance Number. The NUBC rejected this request in lieu of a recommendation to X12 for a wording change in the implementation guides to account for the situation discussed in this DSMO request.
#557	This request suggests changes in the wording for the reporting of non-US addresses. This request was approved by the NUBC.
#559	This request suggests that Treatment Codes, which are no longer supported by CMS, be frozen for use by other payers. This request was approved by the NUBC.
#565	This request suggests changes in the Dental Implementation guide. This request was deferred to the Dental Content Committee (DeCC) by the NUBC.
#570	This request suggests a technical change to the Institutional Implementation Guide. This request was deferred to X12 by the NUBC.
#574	This request recommends that the NCPDP standard be allowed for professional services claims in addition to the X12 837 Professional. This request was rejected by the NUBC.
#575	This request suggests a wording change in the institutional implementation guide to remedy the incorrect requirement that HCPCS/Rates/HIPPS Rate Codes always be reported for each line of service on outpatient claims. This request was approved by the NUBC.

- #592      This request suggests changes in the way the discharge hour is reported on an institutional claim. The NUBC will request a 45-day extension so further discussions can occur at the next NUBC meeting in Baltimore.
- #593      This request suggests changes in the way the admission date and time is reported on an institutional claim. The NUBC will request a 45-day extension so further discussions can occur at the next NUBC meeting in Baltimore.
- #600      This request suggests further clarification in the use of the Original Reference Number. The NUBC approved this request with an additional wording change.
- #603      This request suggests a technical clarification to the DTP segments in the X12 standard. The NUBC abstained on this request for X12 to decide the appropriate course of action.
- #605      This request suggests further clarification in the 835 Health Care Claim Payment / Advise and the 837 Health Care Claim: Institutional to resolve an inconsistency in the reporting of ICD-9-CM procedure codes.. The NUBC approved this request.
- #607      This request suggests the addition of a new data element for use in reporting Ambulance Transport Information. The NUBC approved this request with a slight wording change and advise that more industry input be sought before final resolution of this request.

### **Next Meeting Dates**

- August 6<sup>th</sup> and 7<sup>th</sup> in Baltimore, Maryland
- November 14<sup>th</sup> and 15<sup>th</sup> in Chicago, Illinois